October 22, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-0016-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
------ Case #:

------ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ------ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ------ for independent review in accordance with this Rule.

------ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ------ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The ------ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ------ for independent review. In addition, the ------ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ------. The patient reported that while at work she injured her right ankle. The current diagnoses for this patient include joint pain, ankle. Treatment for this patient's condition has included physical therapy and medications. The patient has also been treated with an RS4i sequential stimulator for treatment of atrophy, relieve chronic pain, and increase range of motion.

Requested Services

Purchase of an RS4i Sequential, 4 channel comination Interferential & Muscle Stimulator Unit.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:
1. Therapy Progress Note5/12/04
2. RS Medical Prescription 5/13/04, 6/29/04
3. Letter of Medical Necessity 6/24/04

Documents Submitted by Respondent:

1. No medical records submitted.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ------ physician reviewer noted that this case concerns a female who sustained a work related injury to her right ankle on ------. The ------ physician reviewer also noted that the current diagnosis for this patient's condition included joint pain, ankle. The ------ physician reviewer further noted that treatment for this patient's condition has included physical therapy and medications and that the purchase of an RS4i sequential stimulator has been recommended for further treatment of this patient's condition. The ------ physician reviewer explained that there is no class I data to support the use of an RS4i sequential stimulator for this patient's reported diagnosis. Therefore, the ------ physician consultant concluded that the requested purchase of an Purchase of an RS4i Sequential, 4 channel combination Interferential & Muscle Stimulator Unit is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

State Appeals Department

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 22nd day of October 2004.

Signature of IRO Employee

Name